

64101 U.S. PTO

08/904121



Class Subclass

ISSUE CLASSIFICATION

SCANNED 1

ABANDONED

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
08/904121	D	005		3677	<i>[Signature]</i>

APPLICANTS

JOHN H VRZALIK

TITLE

BARIATRIC BED APPARATUS AND METHODS

PTO-2040
12/99

VERIFIED

THIS APPLN IS A CON OF
WHICH IS A CIP OF08/767,291 12/16/96 *YHAM*
08/382,150 01/31/95 ABN**FOREIGN APPLICATIONS*****
VERIFIED

FOREIGN FILING LICENSE GRANTED 09/16/97

Foreign priority claimed 35 USC 119 conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no	AS FILED	STATE OR COUNTRY	SHEETS DRWGS.	TOTAL CLAIMS	INDEP. CLAIMS	FILING FEE RECEIVED	ATTORNEY'S DOCKET NO.
Verified and Acknowledged	Examiner's Initials	TX	10	1	1	\$900.00	70303011900	

WAYNE J. COLTON, INC.

P.O. BOX 461200

SAN ANTONIO TX 78246-1200

The Milam building suite 1138
115 East Travis Street
San Antonio, Texas 78205

BARIATRIC BED APPARATUS AND METHODS

TITLE

U.S. DEPT. OF COMM./PAT. & TM - PTO-436L (Rev. 12-94)

PARTS OF APPLICATION FILED SEPARATELY		Applications Examiner	
NOTICE OF ALLOWANCE MAILED		CLAIMS ALLOWED	
		Total Claims	Print Claim
ISSUE FEE		DRAWING	
Amount Due	Date Paid	Sheets Drwg.	Figs. Drwg.
		Print Fig.	
Label Area		ISSUE BATCH NUMBER	
		PREPARED FOR ISSUE	
WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only.			

Form PTO-436A
(Rev. 8/92)SCAN
QC3046
DW

BEST AVAILABLE COPY

(FACE)

CLASS	SUBCLASS	ISSUE CLASSIFICATION	[REDACTED]

PRIORITY SERIAL NUMBER 08/382150	PATENT DATE	PATENT NUMBER
--	-------------	---------------

AL NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
382,150	01/31/95	005	618	3508	PHA Milano

N. H. VRZALIK, SAN ANTONIO, TX.

CONTINUING DATA*****
 VERIFIED
one, TQP

FOREIGN/PCT APPLICATIONS*****
 VERIFIED
one, TQP

FEIGN FILING LICENSE GRANTED 02/27/95

priority claimed 119 conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>TQP</i>	AS FILED →	STATE OR COUNTRY TX	SHEETS DRWGS. 10	TOTAL CLAIMS 1	INDEP. CLAIMS 1	FILING FEE RECEIVED \$730.00	ATTORNEY'S DOCKET NO.
--	------------------	---------------------------	------------------------	----------------------	-----------------------	------------------------------------	--------------------------

CHARLES W HANOR
 IN GUMP HAUER & FELD
 500 NATIONSBANK PLAZA
 00 CONVENT STREET
 N ANTONIO TX 78205

RIATRIC BED APPARATUS AND METHODS

U.S. DEPT. of COMM.-Pat. & TM Office-PTO-436L (rev. 10-78)

S OF APPLICATION SEPARATELY		Applications Examiner	
E OF ALLOWANCE MAILED		CLAIMS ALLOWED	
Assistant Examiner		Total Claims	Print Claim
ISSUE FEE		DRAWING	
Date Due	Date Paid	Sheets Drwg.	Figs. Drwg.
Label Area		Print Fig.	ISSUE BATCH NUMBER
Primary Examiner		PREPARED FOR ISSUE	
WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code, Title 35, Sections 422, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only.			

BEST AVAILABLE COPY